

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435202504

Report Date: 05/03/2021

Date Signed: 05/03/2021 11:24:22 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, , CA
FACILITY EVALUATION REPORT	

FACILITY NAME:	WEBSTER HOUSE	FACILITY NUMBER:	435202504
ADMINISTRATOR:	HIBBS, LINDA	FACILITY TYPE:	741
ADDRESS:	401 WEBSTER STREET	TELEPHONE:	(650) 327-4333
CITY:	PALO ALTO	STATE:	CA
CAPACITY:	54	CENSUS:	41
TYPE OF VISIT:	Case Management - Other	DATE:	05/03/2021
MET WITH:	Linda Hibbs	UNANNOUNCED TIME BEGAN:	11:00 AM
		TIME	11:30 AM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) David Marrufo and Nurse Roxane Fangon conducted a tele-visit via
2	Zoom to provide technical assistance to prevent and mitigate the spread of COVID-19 at the facility. LPA
3	Marrufo, and Nurse Roxane Fangon met with Administrator Linda Hibbs.
4	
5	The Administrator reports that there are currently 0 COVID-19 positive residents and 0 COVID-19
6	positive staff.
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8	During today's tele-visit, the following recommendations were made to the facility by Nurse Roxane
9	Fangon:
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11	1. Continue facility COVID-19 mitigation practices.
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16	No deficiencies were cited as per California Code of Regulations, Title 22. This report was reviewed with
17	with Garret Johnson. A copy of the report will be sent to him for it to be signed and returned to CCL
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NAME OF LICENSING PROGRAM MANAGER: Jackie Jin

NAME OF LICENSING PROGRAM ANALYST: David Marrufo

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 05/03/2021

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 05/03/2021

This report must be available at Child Care and Group Home facilities for public review for 3 years.